# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**1b** Three-digit plan number (PN) ▶ 015

**1c** Effective date of plan 01/01/2007

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

4600 EDMUNDSON ROAD
ST LOUIS, MO 63134

**2b** Employer Identification Number (EIN) 31-1662309

**2c** Plan Sponsor's telephone number 314-733-8600

**2d** Business code (see instructions) 622000

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2026 | CHRISTOPHER BELCHER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1107 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 519 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 281 |
| **b** | Retired or separated participants receiving benefits | **6b** | 8 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 654 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 943 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 946 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 1107 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 946 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2L 2M 2T 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [X] Insurance | **(1)** | [X] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 6
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 35-0472300 | 65676 | CR06995/CR04776 | 143 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 62199 | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

LPL FNCL CORP
C-O LPL
SAN DIEGO, CA 92121

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 62199 | | | 4 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 5779756 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ UNALLOCATED INSURANCE ACCOUNT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 5772984 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 198565 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 162983 | | |
| | ▶ FIXED FUND TRANSFERS IN | | | | |
| | (6)Total additions | | | 7c(6) | 361548 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 6134532 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 334195 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 20581 | | |
| | ▶ FIXED FUND TRANSFERS OUT | | | | |
| | (5) Total deductions | | | 7e(5) | 354776 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 5779756 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
CM LIFE INSURANCE COMPANY (MASS MUTUAL)

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 06-1041383 | 93432 | ART0132930EE | 357 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 241478 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 10787439 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 0 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity
(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee
(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 36-6071399 | 70688 | TA069841 | 291 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 75 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 7806 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 18 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 51 | | |
| | ▶ ADDITIONS TO FORFEITURES | | | | |
| | (6)Total additions | | | 7c(6) | 69 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 7875 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 7800 | | |
| | ▶ TRANSFERS OUT | | | | |
| | (5) Total deductions | | | 7e(5) | 7800 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 75 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
MUTUAL OF AMERICA LIFE INS CO

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-1614399 | 88668 | 004173-G | 13 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 362141 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 445571 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 12165 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 12165 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 457736 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 95550 | | |
| | (2) Administration charge made by carrier | 7e(2) | 45 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 95595 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 362141 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 39-0989781 | 86231 | TA069841 | 291 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 102102 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 858053 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 103862 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 1955 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 1955 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 105817 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 3683 | | |
| | (2) Administration charge made by carrier | 7e(2) | 32 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 3715 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 102102 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
EMPOWER ANNUITY INSURANCE CO OF AMERICA

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 84-0467907 | 7692 | 95155-01 | 70 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 328572 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 565583 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 319427 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 11178 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 11178 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 330605 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 2033 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | 2033 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 328572 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LINCOLN NATIONAL CORPORATION

35-1140470

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MUTUAL OF AMERICA

13-1614399

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 12 15 28 37 38 50 54 59 61 62 63 64 65 | RECORDKEEPER | 11282 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

MUTUAL OF AMERICA

13-1614399

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 | RECORDKEEPER | 117 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

NATIONAL FINANCIAL SERVICES

04-3523567

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 33 71 | SECURITIES BROKER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| BAIRD<br>777 EAST WISCONSIN AVENUE<br>MILWAUKEE, WI 53202 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NATIONAL FINANCIAL SERVICES | 33 71 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| DFA-DIMENSIONAL<br>6300 BEE CAVE RD<br>BUILDING ONE<br>AUSTIN, TX 78746 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FUTUREFUND SERIES ACCT II OF GWL

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INS CO OF AMERICA

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 84-0467907-003 | P | 565583 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 656 | 317 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1167434 | 1267314 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 140367 | 77965 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 512104 | 565583 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 58416974 | 57423046 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 6920265 | 6814124 |
| **(15)** Other | 1c(15) | 1058789 | 858053 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 68216589 | 67006402 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 68216589 | 67006402 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 48574 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 7525 | |
| **(F)** Other | 2b(1)(F) | 226185 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 282284 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1349788 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1349788 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 68165 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 7012084 |
| c Other income | 2c | | 25078 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 8737399 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 9921200 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 9921200 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 11345 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 15041 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 15041 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 9947586 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -1210187 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 20000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| ASCENSION HEALTHCARE EMPLOYER CONTRIBUTION ACCOUNT | 31-1662309 | 007 |
| | | |
| | | |
| | | |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**B** Three-digit plan number (PN) ▶ 015

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTH DBA ASCENSION HEALTHCARE

**D** Employer Identification Number (EIN)
31-1662309

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-1140470 13-3689044

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3** 80

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN**

**FINANCIAL STATEMENTS AND**
**ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

**YEARS ENDED DECEMBER 31, 2025 AND 2024**

Right there with you

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**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN**
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**YEARS ENDED DECEMBER 31, 2025 AND 2024**


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# INDEPENDENT AUDITORS' REPORT

Plan Administrator
Ascension Healthcare
St. Louis, Missouri

## Report on the Audit of the Financial Statements

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements*

We have performed audits of the financial statements of Ascension Healthcare Legacy ERISA 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent Ascension Healthcare Legacy ERISA 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Ascension Healthcare Legacy ERISA 403(b) Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### *Auditors' Responsibilities for the Audit of the Financial Statements*

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ascension Healthcare Legacy ERISA 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ascension Healthcare Legacy ERISA 403(b) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

***Other Matter***

***Supplemental Schedule Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



**CliftonLarsonAllen LLP**

St. Louis, Missouri
October 7, 2026

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2025 AND 2024**

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| **INVESTMENTS (at Fair Value)** | $ 65,967,966 | $ 66,912,915 |
| **INVESTMENTS (at Contract Value)** | 960,155 | 1,162,651 |
| **RECEIVABLES** | | |
| Accrued Other | 316 | 656 |
| Notes Receivable from Participants | 77,965 | 140,367 |
| Total Receivables | 78,281 | 141,023 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 67,006,402 | $ 68,216,589 |

*See accompanying Notes to Financial Statements.*

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**YEARS ENDED DECEMBER 31, 2025 AND 2024**

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS:** | | |
| **INVESTMENT INCOME** | | |
| Net Appreciation in Fair Value of Investments | $ 7,082,552 | $ 8,323,153 |
| Dividends and Interest | 1,647,324 | 1,584,161 |
| Total Investment Income | 8,729,876 | 9,907,314 |
| **INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS** | 8,180 | 11,532 |
| Total Additions | 8,738,056 | 9,918,846 |
| **DEDUCTIONS:** | | |
| **BENEFITS PAID TO PARTICIPANTS** | 9,933,201 | 13,048,229 |
| **ADMINISTRATIVE EXPENSES** | 15,042 | 19,100 |
| Total Deductions | 9,948,243 | 13,067,329 |
| **NET INCREASE (DECREASE)** | (1,210,187) | (3,148,483) |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of Year | 68,216,589 | 71,365,072 |
| End of Year | $ 67,006,402 | $ 68,216,589 |

*See accompanying Notes to Financial Statements.*

## NOTE 1 DESCRIPTION OF PLAN

The following description of Ascension Healthcare Legacy ERISA 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan. The Plan is frozen and includes the assets of various merged 403(b) Plans administered by Ascension Healthcare (the Plan Sponsor). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants directed the investment of contributions into various investment options offered by the Plan. Contributions were subject to certain Internal Revenue Service (IRS) limitations.

### Participant Accounts

Each participant's account was credited with the participant's contribution and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

### Vesting

Participants are fully vested in their contributions plus earnings thereon.

### Plan Loans

Participants may borrow amounts from Lincoln National Life Insurance Company, Massachusetts Mutual Life Insurance Company, and Mutual of America, the Plan's insurance companies. The loan amount cannot be less than $1,000. In no event can the amount of the loan, when added to the outstanding balance of all other loans from any of the employer's plans, exceed the least of the following:

(A) $50,000 reduced by the excess (if any) of:

a. The highest outstanding balance of loans from any of the employer's plans during the one-year period ending on the day before the date on which the loan is to be made; over

b. The outstanding balance of loans from any of the employer's plans on the date on which the loan is to be made;

(B) 50% of the present value of the vested accrued benefit under any of the employer's plans;

## NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

### Plan Loans (Continued)

Upon establishment of the loan, the amount of the loan is transferred to the participant's traditional annuity account. As principal is repaid, the collateral becomes available once again for participant use.

Outstanding loans as of December 31, 2025 and 2024 were $135,313 and $167,662, respectively, with Lincoln National Life Insurance Company and Massachusetts Mutual Life Insurance Company and thus designated as collateral.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance with Transamerica Financial Life Insurance Company and Fidelity Management Trust Company. The notes are secured by the balance in the participant's account and bear interest at prime rate plus 1%. Principal and interest is paid ratably through payroll deductions.

### Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump sum distribution, annuity, or installments.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Investment Valuation and Income Recognition (Continued)**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

**Benefit Payments**

Benefits are recorded when paid.

**Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Expenses paid directly by the Plan Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

**Subsequent Events**

The Plan has evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued.

## NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company, Massachusetts Mutual Life Insurance Company, Mutual of America Life Insurance Company, The Lincoln National Life Insurance Company, Fidelity Management Trust Company, Empower Annuity Insurance Company of America and State Street Bank and Trust Company, the qualified institutions, have supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2025.

## NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

*Mutual Funds and Money Market Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled Separate Accounts:* Valued at the net asset value (NAV) of units as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

*General Accounts:* Investments in the insurance company general account are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issues. Contract value approximates fair value.

## NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

*Guaranteed Fixed Fund*: Investments in insurance company guaranteed fixed funds are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issues.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| | 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds and Money Market Funds | $ 36,499,681 | $ - | $ - | $ 36,499,681 |
| Pooled Separate Accounts | - | 22,756,263 | - | 22,756,263 |
| General Accounts | - | 6,383,450 | - | 6,383,450 |
| Guaranteed Fixed Fund | - | 328,572 | - | 328,572 |
| Total Investments at Fair Value | $ 36,499,681 | $ 29,468,285 | $ - | $ 65,967,966 |

| | 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds and Money Market Funds | $ 36,870,643 | $ - | $ - | $ 36,870,643 |
| Pooled Separate Accounts | - | 23,226,030 | - | 23,226,030 |
| General Accounts | - | 6,496,976 | - | 6,496,976 |
| Guaranteed Fixed Fund | - | 319,266 | - | 319,266 |
| Total Investments at Fair Value | $ 36,870,643 | $ 30,042,272 | $ - | $ 66,912,915 |

## NOTE 5 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES

The Plan has group annuity contracts with Transamerica Financial Life Insurance Company, Inc., The Lincoln National Life Insurance Company, Massachusetts Mutual Life Insurance Company, Empower Annuity Insurance Company of America and Mutual of America Life Insurance Company (the insurance companies). As part of the contracts, the insurance companies maintain a portion of the contributions in the guaranteed pooled fund and the general accounts. The accounts are credited with earnings varying from 0% - 3% on the underlying investments and charged for Plan withdrawals and administrative expenses charged by the insurance companies. The guaranteed pooled fund and general accounts are included in the financial statements at fair value because they are nonbenefit-responsive. Upon termination of the investment contracts, the lump sum liquidation value of the general account portion of the portion of the participant's accumulation value shall be equal to the product of (a) the participant's general account accumulation value on the liquidation date, reduced by the liquidation charge applicable on the liquidation date and (b) a market value adjustment percentage.

## NOTE 5 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES (CONTINUED)

The Plan has a traditional fully benefit-responsive guaranteed investment contracts with Transamerica Financial Life Insurance Company, Inc. (insurance company). The insurance company, Inc. maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less 1% per their respective contracts. The crediting rates are reviewed on a quarterly basis for resetting.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the insurance company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

## NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

## NOTE 8 PLAN TAX STATUS

The Plan is operating under an individually designed plan document. The Plan is qualified under Section 403(b) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under current income tax law. The Plan Sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Transamerica Financial Life Insurance Company, Inc., Transamerica Financial Life Insurance Company, Inc., Massachusetts Mutual Life Insurance Company, Mutual of America Life Insurance Company, The Lincoln National Life Insurance Company, Empower Annuity Insurance Company of America, Fidelity Management Trust Company and State Street Bank and Trust Company, the qualified institutions at December 31, 2025 and 2024. The qualified institutions are service providers as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment.

## NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The pooled separate accounts did not file Form 5500s for the direct filing entities; therefore, the underlying mutual funds have been reported on the Form 5500, Schedule H.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN**
**E.I.N. 31-1662309 PLAN NO. 015**
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| * | Mutual of America Life Insurance Co. | Interest Accumulation | | $ 362,141 |
| * | Mutual of America Life Insurance Co. | Bond Fund | | 3,143 |
| * | Mutual of America Life Insurance Co. | Composite Fund | | 27,296 |
| * | Mutual of America Life Insurance Co. | Equity Index Fund | | 9,349 |
| * | Mutual of America Life Insurance Co. | Mid-Cap Equity Index | | 41,133 |
| * | Mutual of America Life Insurance Co. | All American Fund | | 55,786 |
| * | Mutual of America Life Insurance Co. | Small Cap Growth Fund | | 2,478 |
| * | Mutual of America Life Insurance Co. | Small Cap Value Fund | | 11,346 |
| * | Mutual of America Life Insurance Co. | Fidelity VIP Contrafund Portfolio | | 41,845 |
| * | Mutual of America Life Insurance Co. | Fidelity VIP Equity-Income Portfolio | | 6,851 |
| * | Mutual of America Life Insurance Co. | Deutsche VSI Capital Growth VIP | | 10,841 |
| * | Mutual of America Life Insurance Co. | American Century VP Capital Appreciation | | 16,013 |
| | | Total | | 588,222 |
| | Baird | Baird Aggregate Bond Instl | | 1,781,485 |
| | Dimensional | DFA International Small Company I | | 126,412 |
| | Dodge & Cox | Dodge & Cox Stock X | | 1,350,847 |
| | International Funds | MFS International Equity R6 | | 930,450 |
| | Fidelity | Infl-Protected Bond Index | | 144,236 |
| | Hartford | Schroders Emerging Market Eq | | 288,174 |
| | Hartford | Hartford Strategic Income R6 | | 199,977 |
| | Enterprise | PGIM Jennison Small Company | | 521,386 |
| | Vanguard | Vanguard Russell 1000 Growth Index I | | 1,789,206 |
| | Vanguard | Institutional Index Institutional Plus | | 5,358,456 |
| | Vanguard | Real Estate Index Instl | | 97,896 |
| | Vanguard | Extended Market Index Instl Plus | | 873,311 |
| | Vanguard | Vanguard Cash Reserves Federal MM Adm | | 31,109 |
| | Vanguard | Vanguard Developed Markets Index Ins Pls | | 702,708 |
| | Vanguard | Vanguard Total Bond Market Index I | | 3,178 |
| * | Transamerica Life Ins. Co. | Transamerica Guaranteed Inv Option | | 102,102 |
| * | Transamerica Life Ins. Co. | Transamerica Capital Preservation Fund | | 858,053 |
| * | Transamerica Financial Life Ins. Co. | Stable Fund | | 75 |
| * | Participants | Participant Loans Rates at 4.25% - 9.50% | - | 68,743 |
| | | Total | | 15,227,804 |

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN**
**E.I.N. 31-1662309 PLAN NO. 015**
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**
**DECEMBER 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| * | Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.) | Guaranteed Fixed Fund | | $ 328,405 |
| * | Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.) | Aggressive Profile Fund | | 139,337 |
| * | Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.) | Conservative Profile Fund | | 42,476 |
| * | Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.) | Mod Aggr Profile Fund | | 160,120 |
| * | Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.) | Mod Cons Profile Fund | | 45,586 |
| * | Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.) | Moderate Profile Fund | | 178,232 |
| | | Total | | 894,156 |
| * | Fidelity Management Trust Company | See Attached | | 22,310,070 |
| * | The Lincoln National Life Insurance Co. | See Attached | | 11,556,868 |
| * | The Lincoln National Life Insurance Co. | See Attached | | 5,400,049 |
| * | Massachusetts Mutual Life Insurance Co. | See Attached | | 11,028,917 |
| | | | | $ 67,006,086 |

** Indicates party-in-interest*

***Cost omitted for participant-directed accounts*

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2025

| Fund Name | Share Balance 12/31/2025 | Historical Cost | Price | Total Market Value |
|---|---|---|---|---|
| FID FIDELITY FUND | 1,138.128 | $76,909.63 | $112.31 | $127,823.16 |
| FID PURITAN | 4,359.580 | $93,935.94 | $26.05 | $113,567.06 |
| FID TREND | 1.179 | $131.53 | $198.70 | $234.27 |
| FID SEL TEC HARDWARE | 94.490 | $9,898.88 | $135.15 | $12,770.32 |
| FID SEL SEMICONDUCT | 3,693.650 | $57,791.38 | $43.24 | $159,713.43 |
| FID VALUE STRAT | 639.758 | $25,001.16 | $54.84 | $35,084.33 |
| FID GNMA | 25,492.169 | $290,500.20 | $10.38 | $264,608.71 |
| FID MAGELLAN | 27,779.209 | $296,619.66 | $14.95 | $415,299.17 |
| FID CONTRAFUND | 131,424.960 | $1,530,196.51 | $24.30 | $3,193,626.53 |
| FID EQUITY INC | 1,731.527 | $99,091.08 | $83.61 | $144,772.97 |
| FID GROWTH COMPANY | 21,850.619 | $650,173.68 | $47.82 | $1,044,896.60 |
| FID INVST GR BD | 1,068.078 | $7,986.34 | $7.31 | $7,807.65 |
| FID GROWTH & INC | 2,793.224 | $101,570.53 | $68.25 | $190,637.54 |
| FID SEL SOFTWARE | 1,042.607 | $19,030.39 | $25.23 | $26,304.97 |
| FID CAPITAL & INCOME | 4,898.860 | $51,928.97 | $10.86 | $53,201.62 |
| FID VALUE | 13,940.450 | $142,867.49 | $13.78 | $192,099.40 |
| FID MORTGAGE SEC | 0.000 | | $10.02 | $0.00 |
| FID SEL GOLD | 1,489.254 | $52,471.00 | $58.46 | $87,061.79 |
| FID SEL BIOTECH | 17,066.890 | $310,865.71 | $25.13 | $428,890.95 |
| FID SEL RETAILING | 68.213 | $1,020.49 | $17.92 | $1,222.38 |
| FIDELITY GOVT INCOME | 458.441 | $4,769.93 | $9.26 | $4,245.16 |
| FID GOV CASH RESERVE | 119,030.250 | $119,030.25 | $1.00 | $119,030.25 |
| FID SEL ENERGY | 866.064 | $31,057.47 | $61.56 | $53,314.90 |
| FID SEL LEISURE | 711.272 | $9,894.06 | $17.76 | $12,632.19 |
| FID SEL HEALTHCARE | 2,936.077 | $74,359.02 | $28.43 | $83,472.67 |
| FID SEL TECHNOLOGY | 5,858.781 | $159,255.97 | $41.43 | $242,729.30 |
| FID SEL UTILITIES | 466.107 | $37,051.14 | $131.26 | $61,181.20 |
| FID SEL DEFENSE | 2,101.446 | $27,258.04 | $25.87 | $54,364.41 |
| FID SEL BROKERAGE | 202.995 | $13,133.32 | $190.90 | $38,751.75 |
| FID SEL CHEMICALS | 8.621 | $105.43 | $11.98 | $103.28 |
| FID OTC PORTFOLIO | 29,679.169 | $350,754.58 | $24.28 | $720,610.22 |
| FID OVERSEAS | 1,808.916 | $71,731.81 | $72.03 | $130,296.22 |
| FID SEL TELECOMM | 67.062 | $3,831.30 | $59.02 | $3,958.00 |
| FID SEL FINTECH | 136.707 | $3,897.23 | $19.43 | $2,656.22 |
| FID NEW MILLEN | 1,040.397 | $40,433.65 | $67.08 | $69,789.83 |
| FID EUROPE | 1,620.539 | $56,861.96 | $46.64 | $75,581.94 |
| FID PACIFIC BASIN | 431.488 | $11,674.02 | $38.74 | $16,715.85 |

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2025

| Fund Name | Share Balance 12/31/2025 | Historical Cost | Price | Total Market Value |
|---|---|---|---|---|
| FID REAL ESTATE INVS | 274.508 | $9,184.56 | $37.82 | $10,381.89 |
| FID BALANCED | 4,225.688 | $96,372.18 | $32.13 | $135,771.36 |
| FID INTL DISCOVERY | 1,137.667 | $42,560.02 | $57.14 | $65,006.29 |
| FID CAPITAL APPREC | 2,353.486 | $86,256.22 | $46.15 | $108,613.38 |
| FID CANADA | 531.527 | $29,012.46 | $78.18 | $41,554.78 |
| FID TELECOM & UTIL | 1,547.351 | $35,825.36 | $33.77 | $52,254.04 |
| FID BLUE CHIP GR | 4,249.601 | $387,295.31 | $267.04 | $1,134,813.45 |
| FID ASSET MGR 50% | 1,285.152 | $22,034.97 | $21.82 | $28,042.02 |
| FID DISCIPLND EQTY | 438.459 | $16,538.19 | $72.39 | $31,740.05 |
| FID LOW PRICED STK | 9,749.172 | $422,411.33 | $41.23 | $401,958.36 |
| FID WORLDWIDE | 391.476 | $11,148.97 | $36.30 | $14,210.58 |
| FID EQ DIV INCOME | 1,354.690 | $33,901.05 | $29.71 | $40,247.84 |
| FID ASSET MGR 70% | 18,088.963 | $377,835.58 | $30.09 | $544,296.90 |
| FID EMERGING MKTS | 1,190.217 | $27,794.08 | $49.87 | $59,356.12 |
| FID GROWTH STRAT | 93.158 | $3,826.15 | $68.28 | $6,360.83 |
| FID DIVERSIFD INTL | 3,467.401 | $122,489.12 | $48.63 | $168,619.71 |
| FID ASSET MGR 20% | 1,425.246 | $18,433.79 | $14.37 | $20,480.79 |
| FID DIVIDEND GR | 1,143.722 | $36,515.16 | $42.56 | $48,676.81 |
| FID NEW MARKETS INC | 115.690 | $1,708.96 | $13.78 | $1,594.21 |
| FID FOCUSED STOCK | 3,436.098 | $90,573.52 | $38.38 | $131,877.44 |
| FID STK SEL SM CAP | 27.259 | $699.16 | $42.33 | $1,153.87 |
| FID LARGE CAP STOCK | 1,065.701 | $38,642.77 | $64.89 | $69,153.34 |
| FID GROWTH DISC | 626.435 | $24,895.31 | $69.81 | $43,731.43 |
| FID SMALL CAP STOCK | 1,193.317 | $20,602.48 | $18.45 | $22,016.70 |
| FID NORDIC | 0.000 | | $65.60 | $0.00 |
| FID ASSET MGR 85% | 792.891 | $14,763.05 | $30.27 | $24,000.81 |
| FID EMERGING ASIA | 227.314 | $8,650.38 | $66.24 | $15,057.28 |
| FID CHINA REGION | 869.237 | $27,313.90 | $54.48 | $47,356.03 |
| FID SEL MED TECH&DV | 898.040 | $38,748.13 | $60.25 | $54,106.91 |
| FID SM CAP DISCOVERY | 3,594.029 | $86,504.02 | $23.29 | $83,704.94 |
| FID TREASURY ONLY MM | 0.000 | | $1.00 | $0.00 |
| FID SHORT TERM BOND | 1,379.682 | $12,096.04 | $8.53 | $11,768.69 |
| FID INTM GOVT INCOME | 107.128 | $1,127.86 | $9.93 | $1,063.78 |
| FID GOVT MMKT | 1,009,741.830 | $1,009,741.83 | $1.00 | $1,009,741.83 |
| FID SEL COMM SERV | 0.000 | | $139.54 | $0.00 |
| FID SEL HTH CARE SVC | 119.600 | $9,300.64 | $102.61 | $12,272.16 |
| FID SEL MATERIALS | 85.135 | $6,604.82 | $91.80 | $7,815.39 |

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2025

| Fund Name | Share Balance 12/31/2025 | Historical Cost | Price | Total Market Value |
|---|---|---|---|---|
| FID SEL CONSTR/HOUSE | 145.284 | $7,998.36 | $120.32 | $17,480.57 |
| FID SEL TRANSPORT | 93.811 | $9,025.11 | $110.36 | $10,352.98 |
| FID NATURAL RES | 342.090 | $10,670.10 | $52.51 | $17,963.15 |
| FID SEL PHARMACEUTCL | 1,732.979 | $33,452.23 | $30.91 | $53,566.38 |
| FID MID CAP VALUE | 995.600 | $21,255.89 | $31.30 | $31,162.28 |
| FID INTL SMALL CAP | 155.864 | $4,290.56 | $36.82 | $5,738.91 |
| FID TOTAL BOND | 29,866.831 | $295,523.82 | $9.67 | $288,812.26 |
| FID SEL WIRELESS | 152.850 | $1,565.40 | $11.90 | $1,818.92 |
| FID BLUE CHIP VALUE | 1,122.496 | $20,555.42 | $25.81 | $28,971.62 |
| FID NASDAQ COMP INDX | 218.872 | $24,831.02 | $294.94 | $64,554.11 |
| FID STRAT DIV & INC | 649.116 | $9,362.52 | $17.60 | $11,424.44 |
| FID SMALL CAP GROWTH | 1,611.055 | $43,633.07 | $34.96 | $56,322.48 |
| FID SMALL CAP VALUE | 0.076 | $1.46 | $20.00 | $1.52 |
| FID INTL SM CAP OPP | 348.174 | $6,238.63 | $21.81 | $7,593.67 |
| FID STRAT REAL RET | 1,954.677 | $17,079.10 | $8.86 | $17,318.44 |
| FID INTL VALUE | 861.640 | $9,336.96 | $14.12 | $12,166.36 |
| FID ASSET MGR 60% | 810.578 | $10,570.99 | $17.07 | $13,836.57 |
| FID TOTAL INTL EQ | 2,054.303 | $17,427.27 | $14.89 | $30,588.57 |
| FID GLB COMDTY STK | 385.103 | $6,186.87 | $22.52 | $8,672.52 |
| FID US BOND IDX | 3,700.473 | $41,848.21 | $10.56 | $39,076.99 |
| FID 500 INDEX | 7,475.128 | $863,179.55 | $237.72 | $1,776,987.43 |
| FID REAL ESTATE IDX | 3,923.611 | $62,714.13 | $16.15 | $63,366.32 |
| FID SM CAP IDX | 506.135 | $10,904.18 | $30.93 | $15,654.76 |
| FID TOTAL MKT IDX | 250.117 | $20,515.36 | $186.84 | $46,731.86 |
| FID INTL INDEX | 1,768.183 | $93,134.33 | $60.80 | $107,505.53 |
| FID EXTD MKT IDX | 740.446 | $54,121.88 | $100.67 | $74,540.70 |
| FID STK SEL MID CAP | 0.000 | | $46.11 | $0.00 |
| FID INFL PR BD IDX | 8,617.776 | $79,466.80 | $9.12 | $78,594.12 |
| FID GOVT MMRK PRM | 138,541.510 | $138,541.51 | $1.00 | $138,541.51 |
| FID FREEDOM RETIRE K | 3,481.566 | $36,968.41 | $11.26 | $39,202.43 |
| FID FREEDOM 2010 K | 2,831.613 | $37,531.60 | $14.76 | $41,794.61 |
| FID FREEDOM 2015 K | 20,741.923 | $224,668.05 | $12.10 | $250,977.27 |
| FID FREEDOM 2020 K | 43,879.967 | $596,392.50 | $15.33 | $672,679.89 |
| FID FREEDOM 2025 K | 67,944.698 | $856,095.28 | $14.87 | $1,010,337.66 |
| FID FREEDOM 2030 K | 129,975.897 | $2,067,739.26 | $19.53 | $2,538,429.27 |
| FID FREEDOM 2035 K | 81,979.148 | $1,173,354.21 | $17.72 | $1,452,670.50 |
| FID FREEDOM 2040 K | 16,212.826 | $161,936.46 | $13.38 | $216,927.61 |

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2025

| Fund Name | Share Balance 12/31/2025 | Historical Cost | Price | Total Market Value |
|---|---|---|---|---|
| FID FREEDOM 2045 K | 15,651.148 | $179,457.32 | $15.90 | $248,853.25 |
| FID FREEDOM 2050 K | 8,663.204 | $100,405.72 | $16.16 | $139,997.38 |
| FID FREEDOM 2055 K | 331.850 | $4,450.20 | $18.77 | $6,228.82 |
| FID ST TR BD IDX | 0.000 | | $10.37 | $0.00 |
| FID STRATEGIC INCOME | 2,113.168 | $25,743.96 | $12.09 | $25,548.20 |
| OUTSTANDING LOAN BALANCE | | | | $9,222.25 |
| | | | NET ASSETS 12/31/2025: | $22,310,070.36 |

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.

# Schedule H, line 4i--Schedule of Assets (held at End of Year)
## For Plan: Allegan General Hospital 403b

**Date Range Requested:** 01/01/2025 - 12/31/2025 **Data Extracted:** 06/02/2026

**Plan Information**

| Vendor System | Plan ID | Plan Name | Plan Number | Employer Identification Number (EIN) | Plan Type | Full Service | Plan Sponsor/ Employer Name | Plan Sponsor / Employer Address | Plan Sponsor / Plan Admin Phone |
|---|---|---|---|---|---|---|---|---|---|
| Lincoln - APS | CR04776 | ASCENSION HEALTHCARE RETIREMENT PLAN | 000 | 31-1662309 | 403(b) | N | ASCENSION HEALTHCARE RETIREMENT PLAN | ATTN TERRY HARTIG, 4600 EDMUNDSON RD, SAINT LOUIS, MO 63134-3806 | |

**Plan Assets**

| (A) | (B) Identity of Issue | (C) Description of Investment | (D) Historical Cost | (E) Current Value |
|---|---|---|---|---|
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS GLOBAL GROWTH | | 1,706.24 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS GROWTH | | 637,309.23 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS GROWTH-INCOME | | 218,081.80 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS INTERNATIONAL | | 74,601.04 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | BLACKROCK GLOBAL ALLOCATION | | 386,431.65 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP CONTRAFUND | | 381,444.57 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP FREEDOM TARGET DATE 2025 | | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP FREEDOM TARGET DATE 2030 | | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP GROWTH | | 4,411.10 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIXED ACCOUNT | | 1,456,866.54 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BARON GROWTH OPPORTUNITIES | | 44,488.95 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY | | 37,266.63 |

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

| | | | |
|---|---|---|---|
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BLACKROCK INFLATION PROTECTED BOND | 156.23 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BLACKROCK REAL ESTATE FUND | 14,803.48 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY | 61,337.05 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP DIMENSIONAL U.S. CORE EQUITY 1 | 355,146.70 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP FRANKLIN TEMPLETON MF EM EQFND | 2,735.15 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK | 3,322.28 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GLOBAL GROWTH ALLOCATION MANGD RISK | 35,696.75 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GLOBAL MODERATE ALLOCATION MGD RISK | 239,103.06 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP JPMORGAN RETIREMENT INCOME FUND | 6,458.20 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE BOND | 115,238.43 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE DIVERSIFIED INCOME | 23,011.78 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE MID CAP VALUE FUND | 33,382.47 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE SMID CAP CORE SERIES | 36,425.82 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE SOCIAL AWARENESS | 222,151.34 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE U.S. REIT FUND | 21,122.51 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE VALUE SERIES | 49,824.36 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE WEALTH BUILDER | 175,420.57 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MONDRIAN INTERNATIONAL VALUE | 16,753.53 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP SSGA BOND INDEX | 8,888.72 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP SSGA S&P 500 INDEX | 217,396.60 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP SSGA SMALL-CAP INDEX | 417.39 |

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| | | | |
|---|---|---|---|
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2020 FUND | 104,061.82 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2030 FUND | 35,135.55 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2040 FUND | 64,857.64 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2050 FUND | 78,825.14 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T. ROWE PRICE MID CAP GROWTH | 23,476.09 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH | 28,762.57 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP VANGUARD DOMESTIC EQUITY ETF | 1,983.88 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP VANGUARD INTERNATIONAL EQUITY ETF | 15,527.22 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | MACQUARIE SMALL CAP VALUE | 115,928.91 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | MFS UTILITIES | 21,569.83 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | PIMCO VIT TOTAL RETURN PORTFOLIO | 28,520.08 |
| | | **Total** | **5,400,048.90** |

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# Schedule H, line 4i--Schedule of Assets (held at End of Year)
## For Plan: Crittenton Hospital

**Date Range Requested:** 01/01/2025 - 12/31/2025 **Data Extracted:** 06/02/2026

**Plan Information**

| Vendor System | Plan ID | Plan Name | Plan Number | Employer Identification Number (EIN) | Plan Type | Full Service | Plan Sponsor/ Employer Name | Plan Sponsor / Employer Address | Plan Sponsor / Plan Admin Phone |
|---|---|---|---|---|---|---|---|---|---|
| Lincoln - APS | CR06995 | ASCENSION HEALTHCARE RETIREMENT PLAN | 000 | 31-1662309 | 403(b) | N | ASCENSION HEALTHCARE RETIREMENT PLAN | ATTN,<br>4600 EDMUNDSON RD E 200,<br>PO BOX 45998,<br>SAINT LOUIS, MO 63145-5998 | |

**Plan Assets**

| (A) | (B) Identity of Issue | (C) Description of Investment | (D) Historical Cost | (E) Current Value |
|---|---|---|---|---|
| * | LINCOLN NAT'L LIFE - MULTIFUND | AB VPS SUSTAIN GLOBAL THEMATIC PORT | | 9,269.76 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS GLOBAL GROWTH | | 281,672.67 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS GROWTH | | 1,267,649.44 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS GROWTH-INCOME | | 395,279.63 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | AMERICAN FUNDS INTERNATIONAL | | 23,038.37 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | BLACKROCK GLOBAL ALLOCATION | | 19,656.72 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | DWS ALTERNATIVE ASSET ALLOCATION VIP | | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP CONTRAFUND | | 533,773.36 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP FREEDOM TARGET DATE 2025 | | 472,165.32 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP FREEDOM TARGET DATE 2035 | | 91,559.25 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIDELITY VIP GROWTH | | 6,787.65 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | FIXED ACCOUNT | | 4,322,888.87 |

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| | | | |
|---|---|---|---|
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BARON GROWTH OPPORTUNITIES | 122,003.74 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY | 177,894.87 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY | 188,965.44 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP DIMENSIONAL U.S. CORE EQUITY 1 | 763,209.37 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP FRANKLIN TEMPLETON MF EM EQFND | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP FRNKLN TMPLTN GLOBAL EQTY MANGDVLTY | 5,038.53 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GLOBAL GROWTH ALLOCATION MANGD RISK | 82,666.82 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GLOBAL MODERATE ALLOCATION MGD RISK | 63,669.90 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP GOVERNMENT MONEY MARKET | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP JPM SELECT MID CAP VALUE MNGD VLTY | 4,508.97 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE BOND | 67,384.81 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE DIVERSIFIED INCOME | 332,748.29 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE HIGH YIELD FUND | 13,659.85 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE MID CAP VALUE FUND | 183,292.76 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE SMID CAP CORE SERIES | 144,887.19 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE SOCIAL AWARENESS | 341,731.49 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE U.S. REIT FUND | 6,785.30 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE VALUE SERIES | 123,105.40 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MACQUARIE WEALTH BUILDER | 0.00 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MONDRIAN GLOBAL INCOME FUND | 0.00 |

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

| | | | |
|---|---|---|---|
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP MONDRIAN INTERNATIONAL VALUE | 157,699.95 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP SSGA S&P 500 INDEX | 629,870.62 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP SSGA SMALL-CAP INDEX | 2,311.35 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2020 FUND | 178,495.11 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2030 FUND | 97,411.09 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T ROWE PRICE 2040 FUND | 54,696.26 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH | 4,424.37 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | MACQUARIE SMALL CAP VALUE | 95,520.38 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | MFS UTILITIES | 178,741.90 |
| * | LINCOLN NAT'L LIFE - MULTIFUND | PIMCO VIT TOTAL RETURN PORTFOLIO | 112,402.96 |
| | | **Total** | **11,556,867.76** |

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| | | |
|---|---|---|
| Fidelity VIP Contrafund | $ | 195,866 |
| Invesco Opp V.I. International Growth | | 146,444 |
| Invesco V.I. Diversified Dividend | | 49,482 |
| Invesco V.I. Equity and Income | | 760 |
| Invesco V.I. Global Strategic Income | | 48,959 |
| Invesco V.I. Health Care | | 1,403 |
| Invesco V.I. Technology | | 38,360 |
| MML Aggressive Allocation | | 2,715,403 |
| MML American Funds Core Allocation Fund | | 16,350 |
| MML Balanced Allocation | | 79,814 |
| MML Blue Chip Growth | | 160,069 |
| MML Conservative Allocation | | 97,530 |
| MML Equity | | 68,781 |
| MML Equity Income | | 148,426 |
| MML Equity Index | | 103,833 |
| MML Fundamental Equity | | 13,465 |
| MML Global | | 95,905 |
| MML Growth Allocation | | 4,197,493 |
| MML Income & Growth | | 6,028 |
| MML Inflation-Protected & Income | | 13,628 |
| MML Invesco Discovery Large | | 138,365 |
| MML Invesco Discovery Medium | | 3,808 |
| MML International Equity | | 16,869 |
| MML Managed Bond | | 107,093 |
| MML Managed Volatility | | 14,646 |
| MML Mid Cap Growth | | 146,091 |
| MML Mid Cap Value | | 110,660 |
| MML Moderate Allocation | | 1,714,315 |
| MML Short-Duration Bond | | 8,515 |
| MML Small Cap Equity | | 12,394 |
| MML Small Cap Growth Equity | | 122,631 |
| MML Small Company Value | | 12,946 |
| MML Small/Mid Cap Value | | 143,128 |
| MML Total Return Bond | | 5,632 |
| MML U.S. Government Money Market | | 28,612 |
| PIMCO CommodityRealReturn Strategy | | 575 |
| VY CBRE Global Real Estate Portfolio | | 3,160 |
| Fixed Account (Artistry) | | 109,015 |
| Collateral Loan Fund (Atistry) | | 132,463 |
| Total | $ | 11,028,917 |




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# Schedule C, Line 2(h) Formula Descriptions

**Ascension Healthcare Legacy ERISA 403(b) Plan**
**EIN No.: 31-1662309, Plan No. 015**
**Plan Year Ending: 12/31/2025**

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family | Fund Name | Start Date | End Date | Revenue to National Financial Services |
|---|---|---|---|---|
| BAIRD | BAIRD AGGREGATE BOND INSTL | 1/1/2025 | 12/31/2025 | 0.099 |
| DFA-DIMENSIONAL | DFA INTERNAT'L SMALL COMPANY | 1/1/2025 | 12/31/2025 | 0.066 |

**ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500**
**LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Ascension Health dba Ascension Healthcare

Plan Name: Ascension Healthcare Legacy ERISA 403(b) Plan
Plan Year: January 1, 2025 to December 31, 2025
EIN: 31-1662309 Plan No.: 015

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**Item 4i- Schedule of Assets Held at End of Year**
Pages 16-26 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.